



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Unannounced Follow-Up
Compliance Inspection
2023-002-188**

**Enforcement and Removal Operations
ERO Chicago Field Office**

**Dodge County Jail
Juneau, Wisconsin**

August 22-24, 2023

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
DODGE COUNTY JAIL
Juneau, Wisconsin

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UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced follow-up compliance inspection of the Dodge County Jail (DCJ) in Juneau, Wisconsin, from August 22 to 24, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of DCJ from April 4 to 6, 2023. The facility opened in February 2001 and is owned and operated by Dodge County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at DCJ in July 2002 under the oversight of ERO’s Field Office Director in Chicago (ERO Chicago). ICE is an authorized user of DCJ under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of August 21, 2023. DCJ was inspected against the NDS 2000, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A captain handles daily facility operations and manages [REDACTED] support personnel. Aramark provides food and commissary services and WellPath provides medical care at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 22, 2023)	[REDACTED]
Adult Female Population (as of August 22, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found seven deficiencies in the following areas: Admission and Release (1); Disciplinary Policy (2); Medical Care (2); and Recreation (2).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of August 21, 2023.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE NDS. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.⁴

While unannounced follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	0
Food Service	0
Funds and Personal Property	0
Issuance and Exchange of Clothing, Bedding and Towels	0
Recreation	2
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	2
Part 2 - Security and Control	
Disciplinary Policy	0
Emergency Plans	0
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	0
Part 3 - Health Services	
Medical Care	1
Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Sub-Total	2
Total Deficiencies	4

⁵ For greater detail on ODO's findings, see the *Unannounced Follow-Up Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 16 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated the facility medical staff refused to prescribe him ibuprofen, which he wanted for his back pain instead of his Tylenol prescription.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee's medical history, and confirmed the detainee's request for ibuprofen during his physical exam on July 26, 2023. However, the detainee has two other chronic medical conditions (high blood pressure and acid reflux disease), which can be negatively affected by ibuprofen, which is why the facility's medical staff prescribed Tylenol for pain. ODO followed-up with the detainee and informed him of the medical department's reason for prescribing Tylenol instead of ibuprofen.

Medical Care: One detainee stated the ear drops the facility's medical staff provided did not relieve the discharge from his left ear and the facility's medical staff did not answer his request for ear surgery.

- Action Taken: ODO interviewed a facility licensed nurse practitioner (LNP) who conducted a medical records review and found the detainee arrived at the facility on July 7, 2023, and confirmed the detainee declined ear medication from his previous facility because he found it ineffective. On July 18, 2023, the LPN examined the detainee for chronic care, observed an infection in his left ear, and sent a culture to the lab for testing. On the same day, the LPN sent a referral to an off-site specialist and requested his medical records from his previous facility that included care from an off-site hospital. On July 22, 2023, the LPN reviewed the lab results, noted abnormalities in the results, and ordered Amoxicillin. On July 25, 2023, the LPN received the final lab results and ordered an antibiotic. On August 22, 2023, the LPN examined the detainee at ODO's request, and confirmed the ineffectiveness of the prescribed medication. On the same day, the HSA received approval from ERO Chicago for a request to schedule the detainee for an appointment with an off-site ear, nose, and throat (ENT) specialist, and medical staff scheduled the ENT appointment for early September 2023.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

RECREATION (R)

ODO observed the indoor recreation areas had no access to sunlight, a requirement since the facility had no outdoor recreation area (**Deficiency R-1⁷**). **This is a repeat deficiency.**

ODO observed no identified access to natural light since the facility had only indoor recreation areas (**Deficiency R-4⁸**). **This is a repeat deficiency.**

SECURITY AND CONTROL

DISCIPLINARY POLICY (DP)

ODO reviewed the facility's DP, interviewed a facility lieutenant, and found the facility disciplinary procedure and Wisconsin state law stand in opposition to the standard. Wisconsin law specifically outlines the use of short-term punitive segregation (less than 24 hours) as an acceptable punishment for minor infractions committed by detainees. The state did not allow for administrative segregation, pending a disciplinary hearing for minor infractions. ODO noted the disparity as an **Area of Concern**.

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical files of detainees transferred to another detention facility, interviewed the HSA, reviewed the facility's transfer screening policy (E-03), and found in [REDACTED] out of [REDACTED] medical records, no transfer of the record with the detainee (**Deficiency MC-121⁹**).

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed [REDACTED] medical files of detainees placed on suicide watch during the inspection period and found in [REDACTED] out of [REDACTED] files, observations by medical or detention staff occurred between 24 and 25 minutes, instead of no less than every 15 minutes (**Deficiency SPI-17¹⁰**).

⁷ "If a facility does not have an outdoor area, a large recreation room with exercise equipment and access to sunlight will be provided." *See* ICE NDS 2000, Standard, Recreation, Section (III)(A)(1).

⁸ "If only indoor recreation is available, detainees shall have access for at least one hour each day and shall have access to natural light." *See* ICE NDS 2000, Standard, Recreation, Section (III)(B)(2).

⁹ "When a detainee is transferred to another detention facility, the detainee's medical records, or copies, will be transferred with the detainee." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(N).

¹⁰ "Observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes." *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

CONCLUSION

During this unannounced inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000 and found the facility in compliance with 15 of those standards. ODO found four deficiencies in the remaining three standards. Since DCJ's last full inspection in April 2023, the facility's overall compliance has trended upward. DCJ went from four deficient standards and seven deficiencies in April 2023 to three deficient standards and four deficiencies during this most recent inspection. ODO attributed the two repeat deficiencies in the Recreation standard to the physical plant of the indoor recreation areas and will likely remain as repeat deficiencies due to physical plant limitations. ODO has not received a completed UCAP for ODO's last inspection in April 2023, so ODO is unable to assess what impact the UCAP had on the facility's improved performance. ODO recommends ERO Chicago continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2000)	FY 2023 Follow-up Inspection (NDS 2000)
Standards Reviewed	24	18
Deficient Standards	4	3
Overall Number of Deficiencies	7	4
Priority Component Deficiencies	0	0
Repeat Deficiencies	2	2
Areas Of Concern	1	1
Corrective Actions	2	0
Facility Rating	Superior	N/A